

CONSULT ATTACHED INSTRUCTION SHEET BEFORE COMPLETING THIS REPORT

SECTION A GENERAL									
1. NAME (Last) (First) (Middle)			2. BIRTH DATE	3. SEX	4. GRADE	5. SERVICE DESIG.			
6. OFFICIAL POSITION TITLE			7. OFF/DIV /OR OF ASSIGNMENT		8. NOT ELIGIBLE				
9. DATE REPORT DUE IN OF			10. PERIOD COVERED BY THIS REPORT From To		11. MONTHS UNDER MY SUPERVISION		CAREER STAFF STATUS		
12. TYPE OF REPORT (Check one)		SPECIAL (Specify)		INITIAL	REASSIGNMENT-SUPERVISOR		NOT ELIGIBLE PENDING MEMBER DECLINED DEFERRED DENIED		
				ANNUAL	REASSIGNMENT-EMPLOYEE				

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES			
LIST UP TO SIX OF THE MOST IMPORTANT SPECIFIC DUTIES PERFORMED DURING THIS RATING PERIOD. RATE PERFORMANCE ON <u>EACH</u> SPECIFIC DUTY, CONSIDERING <u>ONLY</u> THE EFFECTIVENESS IN PERFORMANCE OF THAT DUTY. ALL EMPLOYEES WITH SUPERVISORY RESPONSIBILITIES <u>MUST</u> BE RATED ON THEIR ABILITY TO SUPERVISE.			
DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY		6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY		7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
	3 - PERFORMS THIS DUTY ACCEPTABLY		
	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER		
	5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB		
SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION	
TAKE INTO ACCOUNT EVERYTHING ABOUT THE EMPLOYEE WHICH INFLUENCES HIS EFFECTIVENESS IN HIS CURRENT POSITION - PERFORMANCE OF SPECIFIC DUTIES, PRODUCTIVITY, CONDUCT ON THE JOB, COOPERATIVENESS, PERTINENT PERSONAL CHARACTERISTICS OR HABITS, PARTICULAR LIMITATIONS OR TALENTS, ETC.	
<input type="checkbox"/> RATING NUMBER	1. UNSATISFACTORY 2. BARELY ADEQUATE 3. SATISFACTORY 4. EXCELLENT 5. OUTSTANDING
NOTE: IF OVERALL EVALUATION IS <u>UNSATISFACTORY</u> , ATTACH COPY OF MEMORANDUM TO THE EMPLOYEE REGARDING HIS PERFORMANCE. IF OVERALL EVALUATION IS <u>OUTSTANDING</u> , JUSTIFY THIS EVALUATION IN SECTION E.	

SECTION D DESCRIPTION OF THE EMPLOYEE							
IF EMPLOYEE IS DEFICIENT WITH RESPECT TO ANY CHARACTERISTIC, RATE 1; IF OUTSTANDING, RATE 5. (IT IS EXPECTED THAT MOST RATINGS WILL BE 2, 3 OR 4)							
PERSONAL CHARACTERISTICS	NOT APPL.	NOT OBS.	RATING				
			1	2	3	4	5
GETS THINGS DONE							
RESOURCEFUL							
ACCEPTS RESPONSIBILITIES							
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							
DOES HIS JOB WITHOUT STRONG SUPPORT							
FACILITATES SMOOTH OPERATION OF HIS OFFICE							
WRITES EFFECTIVELY							
SECURITY CONSCIOUS							

FORM 45

STRESS STRENGTHS AND WEAKNESSES DEMONSTRATED IN CURRENT POSITION. INDICATE SUGGESTIONS MADE TO EMPLOYEE FOR IMPROVEMENT OF HIS WORK. AMPLIFY OR EXPLAIN, IF APPROPRIATE, RATINGS GIVEN IN SECTIONS B, C AND D TO PROVIDE THE BEST BASIS FOR DETERMINING FUTURE PERSONNEL ACTIONS.

SECTION F

CERTIFICATION

1. FOR THE EMPLOYEE:

I CERTIFY THAT I HAVE BEEN THIS FITNESS REPORT

DATE _____ SIGNATURE _____

2. FOR THE SUPERVISOR:

IF THIS REPORT HAS NOT BEEN SHOWN TO THE EMPLOYEE, GIVE REASON
EXPLANATION:

DATE _____

TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR
OFFICIAL TITLE _____

3. FOR THE REVIEWING OFFICIAL: (CHECK ONE BOX)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH EMPLOYEE'S PERFORMANCE.

COMMENTS:

DATE _____

TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL
OFFICIAL TITLE _____